County: Kenosha ST. JOSEPH'S HOME 9244 29TH AVENUE KENOSHA 5

KENOSHA 53143 Phone: (262) 694-0080 Ownershi p: Non-Profit Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/01): 93 Yes Total Licensed Bed Capacity (12/31/01): 93 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 93 Average Daily Census: 91 ********************** ************************

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	s of Residents (12/31/01) Length of Stay (12/31/01)							
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	36. 6				
Supp. Home Care-Personal Care	No					1 - 4 Years	31. 2				
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1. 1	More Than 4 Years	32. 3				
Day Servi ces	No	Mental Illness (Org./Psy)	26. 9	65 - 74	4.3						
Respite Care	No	Mental Illness (Other)	0. 0	75 - 84	28. 0		100. 0				
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	53. 8	**********	******				
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	12. 9	Full-Time Equivaler	nt				
Congregate Meals	No	Cancer	4. 3	ĺ	j	Nursing Staff per 100 Re	si dents				
Home Delivered Meals	No	Fractures	0. 0		100. 0	(12/31/01)					
Other Meals	No	Cardi ovascul ar	24. 7	65 & 0ver	98. 9						
Transportati on	No	Cerebrovascul ar	15. 1	`		RNs	15. 3				
Referral Service	No	Di abetes	5.4	Sex	% i	LPNs	3. 2				
Other Services	No	Respi ratory	3. 2		Ì	Nursing Assistants,					
Provi de Day Programming for		Other Medical Conditions	20. 4	Male	16. 1	Aides, & Orderlies	42. 5				
Mentally Ill	No	ĺ		Female	83. 9						
Provi de Day Programming for		j	100. 0		j						
Developmentally Disabled	No	ĺ			100. 0						
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Method of Reimbursement

		Medicare Title 18			Medicaid Title 19			0ther			Pri vate Pay	;		amily Care			bnaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi- dents	0f
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	3	100.0	326	36	83. 7	104	0	0.0	0	46	97. 9	152	0	0.0	0	0	0.0	0	85	91. 4
Intermedi ate				7	16. 3	85	0	0.0	0	1	2. 1	147	0	0.0	0	0	0.0	0	8	8. 6
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Venti l ator- Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	3	100.0		43	100. 0		0	0.0		47	100.0		0	0.0		0	0.0		93	100. 0

County: Kenosha ST. JOSEPH'S HOME

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Admi ssi ons, Di scharges, and	Percent Distribution	of Residents'	Condi ti ons,	Servi ces, a	and Activities as of 12/	′31/01	
Deaths During Reporting Period							
				% Nee	di ng		Total
Percent Admissions from:		Activities of	%	Assi sta	nce of	% Totally	Number of
Private Home/No Home Health	13. 2	Daily Living (ADL)	Independent	One Or T	wo Staff	Dependent	Resi dents
Private Home/With Home Health	6. 6	Bathi ng	0.0	66	5. 7	33. 3	93
Other Nursing Homes	14. 5	Dressi ng	2. 2	63	3. 4	34. 4	93
Acute Care Hospitals	65.8	Transferring	16. 1	63	3. 4	20. 4	93
Psych. HospMR/DD Facilities	0.0	Toilet Use	12. 9	41	. 9	45. 2	93
Reĥabilitation Hospitals	0.0	Eating	39. 8	47	'. 3	12. 9	93
Other Locations	0.0	*******	******	******	******	*********	******
Total Number of Admissions	76	Continence		% Spe	cial Treatme	ents	%
Percent Discharges To:		Indwelling Or Externa	l Catheter	5.4 R	eceiving Res	spi ratory Care	4. 3
Private Home/No Home Health	20. 3	Occ/Freq. Incontinent	of Bladder			acheostomy Care	0. 0
Private Home/With Home Health	12. 2	Occ/Freq. Incontinent	of Bowel		eceiving Suc		0.0
Other Nursing Homes	5.4	<u> </u>		R	eceiving Ost	comy Care	1. 1
Acute Care Hospitals	8. 1	Mobility		R	ecei vi ng Tub	oe Feedi ng	2. 2
Psych. HospMR/DD Facilities	0.0	Physically Restrained		0. 0 R	eceiving Med	chanically Altered Diets	36. 6
Rehabilitation Hospitals	0.0]				•	
Other Locations	2.7	Skin Care		0th	er Resident	Characteri sti cs	
Deaths	51.4	With Pressure Sores		3. 2 H	ave Advance	Di recti ves	0. 0
Total Number of Discharges		With Rashes		2.2 Med	li cati ons		
(Including Deaths)	74			R	eceiving Psy	choactive Drugs	55. 9
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************************************ Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility			50	Si ze: - 99 Group	Ski	ensure: lled Group	Al l Faci l	l lities			
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio			
	07.0	00.4	1 00	05.4	4.45	04.0	1 10	04.0	1 10			
Occupancy Rate: Average Daily Census/Licensed Beds	97. 8	89. 4	1. 09	85. 1	1. 15	84. 3	1. 16	84. 6	1. 16			
Current Residents from In-County	87. 1	82. 7	1. 05	80. 0	1. 09	82. 7	1.05	77. 0	1. 13			
Admissions from In-County, Still Residing	43. 4	25. 4	1. 71	20. 9	2. 08	21. 6	2. 01	20. 8	2. 09			
Admi ssi ons/Average Daily Census	83. 5	117. 0	0. 71	144. 6	0. 58	137. 9	0. 61	128. 9	0. 65			
Discharges/Average Daily Census	81. 3	116.8	0. 70	144. 8	0. 56	139. 0	0. 59	130. 0	0. 63			
Discharges To Private Residence/Average Daily Census	26. 4	42. 1	0. 63	60. 4	0. 44	55. 2	0. 48	52. 8	0. 50			
Residents Receiving Skilled Care	91. 4	93. 4	0. 98	90. 5	1. 01	91.8	1.00	85. 3	1. 07			
Residents Aged 65 and Older	98. 9	96. 2	1.03	94. 7	1. 04	92. 5	1. 07	87. 5	1. 13			
Title 19 (Medicaid) Funded Residents	46. 2	57. 0	0. 81	58. 0	0. 80	64. 3	0. 72	68. 7	0. 67			
Private Pay Funded Residents	50. 5	35. 6	1. 42	32. 0	1. 58	25. 6	1. 98	22. 0	2. 30			
Developmentally Disabled Residents	0. 0	0. 6	0. 00	0. 9	0. 00	1. 2	0. 00	7. 6	0. 00			
Mentally Ill Residents	26. 9	37. 4	0. 72	33. 8	0. 79	37. 4	0. 72	33. 8	0. 80			
General Medical Service Residents	20. 4	21. 4		18. 3	1. 11	21. 2	0. 72	19. 4	1. 05			
			0. 95									
Impaired ADL (Mean)	57. 8	51. 7	1. 12	48. 1	1. 20	49. 6	1. 17	49. 3	1. 17			
Psychol ogi cal Probl ems	55. 9	52. 8	1.06	51. 0	1. 10	54 . 1	1.03	51. 9	1. 08			
Nursing Care Required (Mean)	6. 2	6. 4	0. 97	6. 0	1. 02	6. 5	0. 95	7. 3	0. 84			